

CERTIFICATION OF VITAL RECORD

COUNTY OF OAKLAND

STATE OF MICHIGAN

EXHIBIT

C

OUTSIDE LEGAL COUNSEL PLC
www.olcplc.comLF **002229**CF **823665**STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

39

121 -

STATE FILE NUMBER

CERTIFICATE OF
LIVE BIRTH AUG - 7 2001

1. CHILD - NAME (FIRST) Lindsay	(MIDDLE) Leone	(LAST) Dyda
2. SEX Female	3a. PLURALITY - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Single	3b. IF NOT SINGLE - BORN 1ST, 2ND, 3RD, ETC. (SPECIFY)
4a. DATE OF BIRTH (Month, Day, Year)		4b. TIME OF BIRTH 10:02 PM

5a. HOSPITAL NAME - (IF NOT HOSPITAL GIVE STREET AND NUMBER) St Joseph Mercy - Oakland	5b. CITY, VILLAGE, OR TOWNSHIP OF BIRTH Pontiac	5c. COUNTY OF BIRTH Oakland
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6a. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE

SIGNATURE:

DATE:

Jul 12, 2001

6b. CERTIFIER'S NAME & TITLE (print or type)

Sonia S Washington, Clerk8c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER
Jonathan Zaidan, M.D.6d. MAILING ADDRESS OF ATTENDANT (STREET NO., CITY OR VILLAGE, STATE, ZIP)
1240 Lapeer Rd Lake Orion, MI 48360

7a. REGISTERAR'S SIGNATURE

7b. DATE RECEIVED BY LOCAL REGISTRAR - (Month, Day, Year)

JUL 25 2001

8a. MOTHER'S NAME (FIRST, MIDDLE, LAST)

Darlene Marie Doerr

8b. SOCIAL SECURITY NUMBER

8c. STATE OF BIRTH - NAME COUNTRY IF NOT USA

Michigan

8d. DATE OF BIRTH (Month, Day, Year)

8a. MOTHER - SURNAME BEFORE FIRST MARRIED

Doerr

8f. RESIDENCE (Check one box and specify)

☐ INSIDE CITY OR VILLAGE OF
☒ TWP. OF **Snover**

8g. COUNTY

Sanilac

8h. STATE

Michigan

9a. FATHER'S NAME (FIRST, MIDDLE, LAST)

Michael John Dyda

9b. SOCIAL SECURITY NUMBER

9c. STATE OF BIRTH - NAME COUNTRY IF NOT USA

Michigan

9d. DATE OF BIRTH (Month, Day, Year)

10a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNATURE:

(PARENT OR OTHER INFORMANT)

10b. THE PARENT(S) REQUEST THAT INFORMATION ON THIS BIRTH BE RELEASED TO THE SOCIAL SECURITY ADMIN. FOR ISSUANCE OF A SOCIAL SECURITY NUMBER AND CARD.

☐ Yes☒ NoBY AUTHORITY
ACT 368, P.A.
1978

MOTHER

FATHER

81P 10/98
(Partially 8213P)
MDCHForm Number
0500600

11-376287

WARNING:

ANY REPRODUCTION IS PROHIBITED BY LAW.
DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH COLORED
BACKGROUND AND EMBOSSED SEAL OF COUNTY OF OAKLAND.
NOT VALID IF PHOTOCOPIED.

MAY 21 2015

DATE

I, LISA BROWN, CLERK AND REGISTER OF DEEDS OF
SAID COUNTY OF OAKLAND DO HEREBY CERTIFY that the
foregoing is a true and exact copy of the original document on file in
my office.
LISA BROWN
Oakland County Clerk and Register of Deeds

By: _____, Deputy Clerk

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

